

COUNTY OF FAIRFAX

APPLICATION No: SY 2014-HM-212

(Staff will assign)



DO NOT WRITE IN THIS SPACE

Date Application accepted: Splember 19, 7014

Department of Planning and Zoning **Zoning Evaluation Division**

12055 Government Center Parkway, Suite 801 Fairfax, VA 22035 (703) 324-1290, TTY 711 www.fairfaxcounty.gov/dpz/zoning/applications

RECEIVED Department of Planning & Zoning SEP 16 Zoning

Zoning Evaluation Division

APPLICATION FOR A SPECIAL PERMIT

Zoning Evaluation Division (PLEASE TYPE or PRINT IN BLACK INK) NAME MAILING ADDRESS APPLICANT **EMAIL** srme PROPERTY ADDRESS SIZE (ACRES/SQ FT) **PROPERTY** INFORMATION PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION: ZONING ORDINANCE SECTION SPECIAL PERMIT REQUEST **INFORMATION** tome child care facility **MAILING ADDRESS** AGENT/CONTACT INFORMATION **PHONE** HOME (WORK (MOBILE (**EMAIL PHONE MAILING** Send all correspondence to (check one): X Applicant -or-The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject property as necessary to process the application. lias Holman TYPE/PRINT NAME OF APPLICANT/AGENT SIGNATURE OF APPLICANT/AGENT

Application Fee Paid: \$